



IO19961

United States
Department of
Agriculture

ENQL 7-1 CY08
PERMANENT
Retire 08/13

Animal and
Plant Health
Inspection
Service

August 21, 2008

Policy and Program
Development

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: Aggregate adverse effect incidents dated April and June 2008 for the reporting period ending July 31, 2008**

This aggregate adverse incident report, received after submission of our July 18th aggregate report, is for the following pesticide product:

EPA Reg. No. 56228-15	M-44 Cyanide Capsules
Active Ingredient:	CAS No. 143-33-9
Sodium Cyanide	

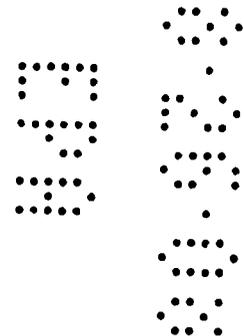
<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1
W-B	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-001

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 6/13/08	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 6/13/08	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Chad Fox	TELEPHONE NUMBER 540-381-7387	CONTACT NAME (If Non-APHIS or different from reporter) [REDACTED]	TELEPHONE NUMBER	
DUTY STATION ADDRESS 105 B Ponderosa Dr Christiansburg, VA 24073		ADDRESS [REDACTED] dog owner Pound, VA		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY Pound	STATE VA	COUNTY Wise	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)
inhalation of sodium cyanide

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) <i>livestock pasture</i>	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation) <i>dog pulled M44 device</i>
--	---

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M44 Sodium Cyanide Capsules	ACTIVE INGREDIENT Sodium cyanide 91.06%
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

Yes No

SUMMARY OF THE INCIDENT (Attach supplemental form)

Dog was allowed to roam free the evening of the 12th. Dog was found 20 feet from a pulled M44 device on the morning of the 13th, dog owner originally suspected dog was shot and laid near M44. No further communication is expected.

NAME OF PREPARER Chad Fox	SIGNATURE <i>Chad Fox</i>	TELEPHONE NUMBER 540-381-7387	DATE 7-8-8
NAME OF SUPERVISOR Scott C. Barras	SIGNATURE <i>Scott C. Barras</i>	TELEPHONE NUMBER 804-739-7739	DATE 7/17/08

Personal privacy information

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

Amphibian Fish Bird Mammal Invertebrate Reptile Plant

"X" ONE

Domestic Wild

NUMBER OR ACRES AFFECTED

N/A

SPECIES COMMON NAME

domestic dog

BREED (if known)

pit bull

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

dog was found dead w/i 20 feet of M44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

In accordance with 26 EPA use restrictions

WAS PREBAITING USED ON THE SITE (Describe)

Yes No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

livestock pasture / hay field

ADDITIONAL FACTORS

lamb losses in previous weeks occurred due to canine predation

NAME OF PREPARER

Chad J. Fox

SIGNATURE

Chad J. Fox

DATE

6-13-8

NAME OF SUPERVISOR

Scott C. Burr

SIGNATURE

Scott C. Burr

DATE

7/17/08

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 04/08/08	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 04/08/08	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Jeremy Duckwitz	TELEPHONE NUMBER 701-782-4143	CONTACT NAME (If Non-APHIS)		TELEPHONE NUMBER
DUTY STATION ADDRESS 367 Cottage Hazelton, ND 58544			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE ND	COUNTY Burleigh	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other 04/08/08	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Rangeland/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44 devices activated by non-target species (Dogs, Feral, Free-Ranging and Hybrids)
---	--

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

Yes No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 device had been set as part of an integrated Predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 07/23/08
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 7-24-08

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild
--	---

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME Dogs, Feral, Free-Raning Hybrids	BREED (If known)
---	------------------

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Dog, Feral, Free-Ranging Hybrid was killed after activating M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

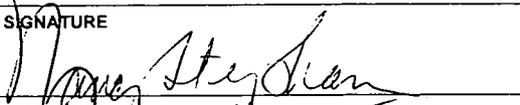
WAS PREBAITING USED ON THE SITE (Describe)

Yes No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 device was set in Range/Pasture land for management of coyote predation on livestock

ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 07/23/08
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 7-24-08